

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 9-13-01.
  - b. The request was received on 7-31-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOBs and reaudit dated 6-6-02
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFA
  - c. EOB and reaudit dated 6-6-02
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 8-15-02. No additional documentation was noted in the dispute packet from Requestor. The Respondent's three(3) day response is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Position statement taken from the Table of Disputed Services.  
"The Fluoroscopic Assistance used is Medically Necessary and not Global when used in Epidural Steroid injections. We are requesting to be paid per TWCC fee guideline – TWCC Advisory 97-01".
2. Respondent: Position statement taken from Reaudit dated 6-6-02.  
"NO ADDITIONAL RECOMMENDED ALLOWANCE F – FEE GUIDELINE MAR REDUCTION INCLUDED IN ANOTHER BILLED PROCEDURE."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 9-13-01.
2. The carrier denied the billed service as reflected on the EOBS as, "F – FEE GUIDELINE MAR REDUCTION INCLUDED IN ANOTHER BILLED PROCEDURE;" (REAUDIT) "NO ADDITIONAL RECOMMENDED ALLOWANCE F – FEE GUIDELINE MAR REDUCTION INCLUDED IN ANOTHER BILLED PROCEDURE".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
9-13-01	76000 –27	\$100.00	\$-0-	See Above Denials	\$88.00	TWCC Advisory 97-01; CPT Code	<p>The carrier initially denied the disputed services as "...FEE GUIDELINE MAR REDUCTION INCLUDED IN ANOTHER BILLED PROCEDURE".</p> <p>Pursuant to Advisory 97-01, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance."</p> <p>CPT Code 76000-27 is not included in any other procedure billed on the date in dispute.</p> <p>Therefore, reimbursement is recommended in the amount of \$88.00.</p>
<b>Totals</b>		\$100.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$88.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$88.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 03<sup>rd</sup> day of April 2003.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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